

COMMITTEE'S REPORT

(filed by committees that support or oppose one or more candidates and/or propositions and that are not candidate committees)

1. Full Name and Address of Political Committee

LOUISIANA ASSOCIATION OF HEALTH PLANS
450 LAUREL STREET #1830
BATON ROUGE LA 70801

OFFICE USE ONLY

PAC
Monthly
10/92015 OCT -9 AM 10:02
RECEIVED
CAMPAIGN FINANCE
DISCLOSURE

2. Date of Primary

N/A

This report covers from SEPT 1 2015 through SEPT 30 2015

3. Type of Report:

☐ 180th day prior to primary ☐ 40th day after general
☐ 90th day prior to primary ☐ Annual
☐ 30th day prior to primary ☒ Monthly
☐ 10th day prior to primary
☐ 10th day prior to general ☐ Amendment to prior report

4. All Committee Officers (Including Chairperson, Treasurer, if any, and any other committee officers)

a. Name

b. Position

c. Address

JEFF DROZDA

Chairperson

450 LAUREL STREET, #1830

Treasurer

BATON ROUGE LA 70801

5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary)

a. Name & Address of Candidate/Description of Proposition

b. Office Sought

c. Political Party

d. Support/Oppose

6. Is the Committee supporting the entire ticket of a political party?

Yes

No

If "yes", which party?

7. a. Name of Person Preparing Report

JEFF DROZDA

b. Daytime Telephone

225-387-3205

8. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This

9th

day of

OCTOBER

2015

Signature of Committee Chairperson

Signature of Committee Treasurer, if any

225-387-3205

Daytime Telephone

Daytime Telephone

15006714

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions Received (Schedule A-1)	\$ 7500 ⁰⁰
2. In-kind Contributions Received (Schedule A-2)	
3. Campaign paraphernalia sales of \$25 or less	
4. TOTAL CONTRIBUTIONS (Lines 1 + 2 + 3)	\$ 7500 ⁰⁰
5. Other Receipts (Schedule A-3)	
6. Loans Received (Schedule B)	
7. Loan Repayments Received (Schedule D)	
8. TOTAL RECEIPTS (Lines 4 + 5 + 6 + 7)	\$ 7500 ⁰⁰

DISBURSEMENTS	This Period
9. General Expenditures (Schedule E-1)	XXXXXXXXXX
10. In-Kind Expenditures (Schedule E-2)	\$ 681 ¹²
11. Contributions made to Candidates (Schedule E-3)	\$ 500 ⁰⁰
12. TOTAL EXPENDITURES (Lines 9 + 10 + 11)	\$ 1181 ¹²
13. Other Disbursements (Schedule E-4)	
14. Loan Repayments Made (Schedule B)	
15. Funds Loaned (Schedule D)	
16. TOTAL DISBURSEMENTS (Lines 12 + 13 + 14 + 15)	\$ 1181 ¹²

FINANCIAL SUMMARY	Amount
17. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this committee)	\$ 9,163 ⁸⁰
18. <i>Plus</i> total receipts this period (less in-kind contributions received) (Line 8 above minus line 2 above)	\$ 7500 ⁰⁰
19. <i>Less</i> total disbursements this period (less in-kind expenditures) (Line 16 above minus line 10 above)	\$ 1181 ¹²
20. Funds on hand at close of reporting period	\$ 15482 ⁶⁸

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SCHEDULE A-1: CONTRIBUTIONS RECEIVED (other than In-Kind Contributions)

The following information must be provided for all contributions received by the committee during this reporting period, except for in-kind contributions, whether received from a political committee or some other person or entity. Contributions made by the committee are reported on SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check "yes" if the contributor is a political committee and "no" if not. For anonymous contributions, see SCHEDULE F. Totals and subtotals at bottom of the page are optional. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

1. Name and Address of Contributor	2. Contributions this Reporting Period a. Date(s) b. Amount(s)		3. Total this Year
PEOPLES HEALTH 3838 N. CAUSEWAY BLVD, #2200 METairie LA 70002 POLITICAL COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9/15/15	\$ 5,000 ⁰⁰	\$ 5,000 ⁰⁰
VANTAGE HEALTH PLAN 130 De SIARD STREET, Suite 300 MONROE LA 71201 POLITICAL COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9/15/15	\$ 2,500 ⁰⁰	\$ 2,500 ⁰⁰
POLITICAL COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POLITICAL COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POLITICAL COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POLITICAL COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POLITICAL COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. SUBTOTAL (this page)		\$ 7,500 ⁰⁰	N/A
5. TOTAL (complete only on last page of this schedule)		\$ 7,500 ⁰⁰	N/A
6. CONTRIBUTIONS FROM POLITICAL COMMITTEES ONLY:			
SUBTOTAL (this page)		TOTAL (complete only on last page of this schedule)	

SCHEDULE E-2: IN-KIND EXPENDITURES

The following information must be provided for all in-kind expenditures made by the committee, during this reporting period. If the expenditure directly benefited a particular candidate(s), list the candidate(s)' name under Item 1. In-kind contributions received by the committee are reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS RECEIVED. In Column 1, give the name and address of the recipient of the expenditure, and also give the name or names of all candidates on whose behalf the expenditure was made if it was made on behalf of a candidate or candidates. Totals and subtotals at bottom of the page are optional. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

1. Name and Address of Recipient	2. In-Kind Expenditures Made this Reporting Period		
	a. Date(s)	b. Purpose(s)	c. Amount(s)
SIM DONELON CAMPAIGN P.O. BOX 6933 METairie LA 70009 <small>Candidate Beneficiaries:</small>	9/8/15	EVENT LUNCH	\$681 ¹²
<small>Candidate Beneficiaries:</small>			
<small>Candidate Beneficiaries:</small>			
<small>Candidate Beneficiaries:</small>			
<small>Candidate Beneficiaries:</small>			
<small>Candidate Beneficiaries:</small>			
<small>Candidate Beneficiaries:</small>			
3. SUBTOTAL (optional)			
4. TOTAL (optional - complete only on last page of this schedule)			\$681 ¹³

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SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES

The following information must be provided for direct contributions made to candidates or their campaign committees, during this reporting period, except for in-kind expenditures. All candidates listed on this schedule should also be listed on the Cover Page in Item 5. Report all in-kind expenditures, including those made to candidates, on SCHEDULE E-2: IN-KIND EXPENDITURES. Totals and subtotals at bottom of the page are optional. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

1. Name and Address of Recipient Candidate	2. Contributions Made this Reporting Period a. Date(s) b. Amount(s)	
DAN CLAITOR FOR SENATE 7520 PERKW ROAD, SUITE 170 BATON ROUGE LA 70808	9/17/15	\$ 500 ⁰⁰
3. SUBTOTAL (optional)		
4. TOTAL (optional - complete only on last page of this schedule)	\$ 500 ⁰⁰	

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